



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT CARMEL HOSPITAL

City of Hospital: Carmel

Year Begin: 07/01/2020 (mm/dd/yyyy format)

Year End: 06/30/2021 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-0157

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$312370576
Outpatient Patient Service Revenue	\$315858355
Total Gross Patient Service Revenue	\$628228931

2. Deductions From Revenue

Contractual Allowance	\$409572141
Other Deductions	\$8292037
Total Deductions	\$417864178

3. Total Operating Revenue

Net Patient Service Revenue	\$204913903
Other Operating Revenue	\$12144374
Total Operating Revenue	\$217058277

4. Operating Expenses

Salaries and Wages	\$31557591	Employee Benefits	\$8447135
Depreciation and Amortization	\$6322168	Interest Expense	\$669697
Bad Debt	\$5450851	Other Expenses	\$76012881
Total Operating Expenses	\$128460323		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$94048804	Total Assets	\$126872465
Net Non-operating Gains over Loss	\$-160	Total Liabilities	\$66850013

Total Net Gains	\$94048644
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$204654252	\$167685144	\$36969108
Medicaid	\$72841940	\$59803156	\$13038784
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$350732739	\$190375878	\$160356861
Total	\$628228931	\$417864178	\$210364753

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$143147	\$-143147
Hospital Patients	\$0	\$541493	\$-541493
Community Education	\$0	\$122185	\$-122185

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	5396
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$7664455
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1374287	
HCI Payments	\$0		
Subtotal	\$0	\$1374287	\$-1374287
Medicaid Shortfalls	\$12867767	\$21494110	
Subtotal	\$12867767	\$22868397	\$-10000630
DSH Payments	\$0		
Subtotal	\$12867767	\$22868397	\$-10000630
Medicare Shortfalls	\$37019107	\$36695853	
Other Government Programs	\$0	\$0	
Total	\$49886874	\$59564250	\$-9677376

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$141053	\$-141053
Community Assessment	\$0	\$475554	\$-475554
Provision of Taxes	\$0	\$8433071	\$-8433071
Other Allocations	\$0	\$0	\$0

Comments

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